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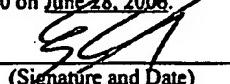
IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

APPLICANT : Sang-Dong Lee et al.  
SERIAL NO. : 10/730,594 EXAMINER : Scott J. Sugarman  
FILED : December 8, 2003 ART UNIT : 2873  
FOR: OPTICAL COUPLING LENS SYSTEM AND METHOD FOR  
MANUFACTURING THE SAME

Certificate of Mailing Under 37 CFR 1.8

I hereby certify that this correspondence is being deposited with the United States Postal Service as first class mail in an envelope addressed to M/S Petition, Commissioner For Patents, P.O. Box 1450, Alexandria, VA 22313-1450 on June 28, 2006.

Steve Cha, Reg. No. 44,069  
(Name of Registered Rep.)

  
(Signature and Date)

PETITION FOR WITHDRAWAL FROM ISSUE UNDER 37 C.F.R. §1.313(a)

Mail Stop Petition  
Commissioner For Patents  
P. O. Box 1450  
Alexandria, VA 22313-1450

Dear Sir:

Applicants petition the Commissioner to withdraw the above-identified Patent Application from Issuance, to permit consideration of an Information Disclosure Statement Under §1.97 containing references cited from a Foreign Patent Office. Issue Fee for this case is due September 5, 2006.

Applicants include a Petition Fee of \$130.00.

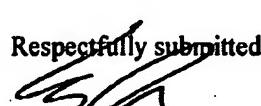
The Commissioner is further authorized to charge any deficiencies or to credit any overages to Deposit Account No. 502-470, and accordingly, this Request is submitted in duplicate.

Favorable action on this Request for Extension of Time is courteously solicited.

Adjustment date: 07/11/2006 CKHLOK  
07/05/2006 TBESHAK1 00000006 10730594  
02 FC:1464 -130.00 OP

Repln. Ref: 07/11/2006 CKHLOK 0011070800  
DAH:502470 Name/Number:10730594  
FC: 9204 \$130.00 CR

Respectfully submitted,

  
Steve Cha

Attorney for App 07/05/2006 TBESHAK1 00000006 10730594  
Registration No. 44,069  
02 FC:1464 130.00 OP

Cha & Reiter  
210 Route 4 East, Suite #103  
Paramus, NJ 07652  
(201) 226-9245

Date: June 28, 2006

**UNITED STATES PATENT & TRADEMARK OFFICE**  
Washington, D.C. 20231

**REQUEST FOR PATENT FEE REFUND**

1 Date of Request: <u>7-11-06</u>		2 Serial/Patent # <u>10/731594</u>	
3 Please refund the following fee(s):		4 PAPER NUMBER	5 DATE FILED
Filing			\$
Amendment			\$
Extension of Time			\$
Notice of Appeal/Appeal			\$
Petition		<u>6-28-06</u>	\$ <u>170</u>
Issue			\$
Cert of Correction/Terminal Disc.			\$
Maintenance			\$
Assignment			\$
Other			\$
		7 TOTAL AMOUNT OF REFUND	\$ <u>170</u>
		8 TO BE REFUNDED BY:	
		Treasury Check	
Overpayment		<input checked="" type="checkbox"/> Credit Deposit A/C #:	
Duplicate Payment		<input type="checkbox"/> <u>50--2470</u>	
No Fee Due (Explanation):  <i>Fee not necessary.</i>			
11 REFUND REQUESTED BY:			
TYPED/PRINTED NAME: <u>Karen Glass</u>		TITLE: <u>Pet. Exam.</u>	
SIGNATURE: <u>Karen Glass</u>		PHONE: <u>2-3208</u>	
OFFICE: <u>DAC for Patents</u>			
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APPROVED: <u>CKhbk</u>		DATE: <u>7/11/06</u>	

*Instructions for completion of this form appear on the back. After completion, attach white and yellow copies to the official file and mail or hand-carry to:*

Office of Finance  
Refund Branch  
Crystal Park One, Room 802B